

FILED - GRU.S. Department of Justice
United States Marshals ServiceSeptember 13, 2022 3:00 PM
CLERK OF COURT
U.S. DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN
BY:JMW SCANNED BY: KB / 9-13**PROCESS RECEIPT AND RETURN**See *"Instructions for Service of Process by U.S. Marshal"*PLAINTIFF
Lane MyersCOURT CASE NUMBER
1:22-cv-748DEFENDANT
Christopher WrenTYPE OF PROCESS
Summons & Complaint**SERVE
AT**NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Christopher Wren, Newaygo County AdministratorADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
P.O. Box 885, 1087 Newell St., White Cloud, MI 49349

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Lane Myers
1583 Grange Rd
Trenton, MI 48183

Number of process to be served with this Form 285	1
Number of parties to be served in this case	3
Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)Total Process
1District of Origin
No. 040District to Serve
No. 040

Signature of Authorized USMS Deputy or Clerk

Date



8/30/2022

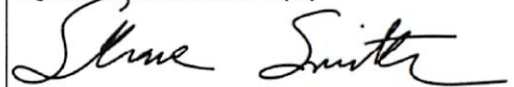
I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Date
9/8/2022Time
2:07
☐ am
☒ pm

Address (complete only different than shown above)

Signature of U.S. Marshal or Deputy



Costs shown on attached USMS Cost Sheet >>

REMARKS

Certified mail.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressed to</p> <p>B. Received by (Printed Name) C. Date of Delivery Christopher Wren 9/6/22</p>
<p>1. Article Addressed to:</p> <p>Christopher Wren. Newaygo County Administrator P.O. Box 885 1087 Newell St. White Cloud, MI 49349</p>  <p>9590 9402 7025 1225 8398 46</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>USM-WMT*22SEP 8PM 2:07</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 1290 0000 7952 2275</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>1:22-cv-748-1 Domestic Return Receipt</p>